

Initial Information

Date:_____

Time:_____

Dispatcher:_____

Person Making Report:_____

Government Employee: (Y/N)_____

Patient Information

Number of patients: (Every patient gets their own patient run sheet)_____

Sex:_____ Age:_____ Flight Weight:_____

Name: (Shouldn't be broadcast over the radio)_____

Chief complaint, extent of injuries: (What's wrong?)_____

Mechanism of injury or illness: (How it happened)_____

Decision! Is this a Medical Emergency or a Non Emergency Medical Transport?

Medical Emergency Patient Run Sheet

Vital Signs

AVPU: (Mental Status)_____ BP:_____ Pulse:_____

Skin Color & Temp:_____ Respirations: _____

IV Started:_____ Medications Administered:_____

Site Information

Site Contact Name:_____

Ground Contact #:_____

Fire Name:_____

Fire #:_____

Radio Frequency FM:_____

Air to Ground:_____

Latitude:_____

Longitude:_____

Physical Description: (Mile Marker, Highway)_____

Additional Resources Needed: (Law enforcement, agency personnel, search and rescue)_____

Transport Needs: (Air Ambulance helicopter or if more than one patient fix wing. Consider ordering an air attack if using air ambulance.) _____

Helispot Location and Size: (Proximity to injury site. Needs to be big enough for medium ship)_____

Weather:_____

Temp:_____ Elevation:_____

Other Air Craft:_____

Flight Hazards:_____

Information to be obtained and passed on to scene

Resources en-route:_____

Estimated time of resource arrival:_____

Radio Frequencies: _____

Trauma or Burn Center notified:_____